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Application No.: 10/635,050  
Amendment Dated September 14, 2004  
Notice of Allowance Dated September 8, 2004

WIC-2630US1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No: 10/635,050  
Applicant: Kenneth B. Carl  
Filed: August 6, 2003  
Title: DISPOSABLE VESSEL (As Amended)  
TC/A.U.: 1744  
Examiner: William H. Beisner  
Confirmation No.: 1329  
Docket No.: WIC-2630US1

**AMENDMENT UNDER 37 C.F.R. § 1.312**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please amend the Title of Invention to read DISPOSABLE CELL  
CULTURE VESSEL as set forth in the Preliminary Amendment mailed on August 6,  
2003.

Respectfully submitted,

Jonathan H. Spadt, Reg. No. 45,122  
Attorney for Applicant

JHS/dhm

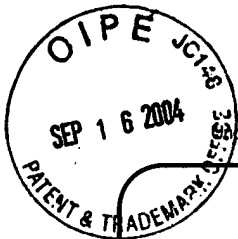
Dated: September 14, 2004

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September 14, 2004

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 2

Application Number	10/635,050
Filing Date	08/06/2003
First Named Inventor	Kenneth B. Carl
Art Unit	1744
Examiner Name	William H. Beisner
Attorney Docket No.	WIC-2630US1

**ENCLOSURES (Check all that apply)**

- ☐ Fee Transmittal Form  
☐ Fee Attached  
☒ Amendment/Reply  
☐ After Final  
☐ Affidavits/Declaration(s)

- ☐ Extension of Time Request  
☐ Express Abandonment Request  
☐ Information Disclosure Statement  
☐ Certified Copy of Priority Document(s)  
☐ Response to Missing Parts/  
Incomplete Application  
☐ Response to Missing Parts under  
37 CFR 1.52 or 1.53

- ☐ Drawing(s)  
☐ Licensing-related Papers  
☐ Petition  
☐ Petition to Convert to a  
Provisional Application  
☐ Power of Attorney, Revocation,  
Change of Correspondence  
Address  
☐ Terminal Disclaimer  
☐ Request for Refund  
☐ CD, Number of CD(s) \_\_\_\_\_

- ☐ After Allowance Communication  
to Group  
☐ Appeal Communication to Board  
of Appeals and Interferences  
☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply  
Brief)  
☐ Proprietary Information  
☐ Status Letter  
☐ Other Enclosure(s) (please  
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**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Jonathan H. Spadt	Registration No. (Attorney/Agent)	45,122
Signature			
Date	9/14/2004		

**CERTIFICATE OF TRANSMISSION / MAILING**

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Typed or printed name	Denise Morgan	Date	9/14/2004
Signature			

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